PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Spplication Number		
Filing Date	3/23/04	
First Named Inventor	Titus, Louisa	
Title	Intracellular Delivery of Oste	
Art Unit	1632	
Examiner Name		
Attorney Docket Number	2699732.002149	

44				
I hereby appoint:				
Practitioners associated with the Customer Number:				
OR				
✓ Practitioner(s) named bet	low:			
	Name		Registration	Number
Donna J. Russell			46,25	52
as my/our attorney(s) or agent(s Trademark Office connected the	s) to prosecute the application identified erewith.	above, and to t	ransact all business	in the United States Patent and
Please recognize or change the	correspondence address for the above-	identified appli	cation to:	
	ed with the above-mentioned Customer N	•		
OR				
The address associate	ed with Customer Number:			
OR				
Firm or Individual Name	Donna J. Russell			
Address Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.				
Address	211 Commerce Street, Suite 1000			
City	Nashville	State	TN	Zip 37201
Country Telephone	USA 645 706 5684	Fax	Te45 744 5601	
I am the:	615-726-5681	I ax	615-744-5681	
Applicant/Inventor.				
	he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/9	96)		
SIGNATURE of Applicant or Assignee of Record				
Name Frances Louisa Titys				
Signature Frances Louis a Situs				
Date 5/25/04 Telephone 4/04-321-6111 x 6/34				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of forms are submitted.				

PTO/SB/81 (09-03) Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Under the Paperwork Reduction Act of

red to respond to a collection of info	ormation unless it displays a valid OMB control number.
Application Number	
Filing Date	3/23/04
First Named Inventor	Titus, Louisa
Title	Intracellular Delivery of Oste
Art Unit	1632
Examiner Name	
Attorney Docket Number	2699732.002149

I hereby a	nnoint				
I hereby appoint: Practitioners associated with the Customer Number:					
OR					
	ctitioner(s) named be	elow:			
		Name		Registration N	lumber
Do	nna J. Russell			46,252	2
	- 10-70				
as my/our Trademark	attorney(s) or agent(Office connected th	s) to prosecute the application identified above erewith.	and to tr	ransact all business i	n the United States Patent and
Please rec	ognize or change the	e correspondence address for the above-identi	fied applic	cation to:	
Ц т	he address associate	ed with the above-mentioned Customer Number	er:		
OR					
\sqcap ,	F1:	5			
The address associated with Customer Number:					
OR					
<u>v</u>	Firm or Individual Name	Donna J. Russell			
Address Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.					
	Address 211 Commerce Street, Suite 1000				
City		Nashville	State	TN	Zip 37201
Cou		USA	1 =		
	phone	615-726-5681	Fax	615-744-5681	
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name Sangwork Tim Yam					
Signature					
Date 5-26-02004 Telephone 404 718-7155					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
✓ *Tota	al of <u>6</u> f	forms are submitted.			

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0551-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNE
and
RRESPONDENCE ADDRESS
INDICATION FORM

e Paperwork Reduction Act of 1995

Application Number	arriation unless it displays a valid OMB control number.
Filing Date	3/23/04
First Named Inventor	Titus, Louisa
Title	Intracellular Delivery of Oste
Art Unit	1632
Examiner Name	
Attorney Docket Number	2699732.002149

I hereby ap	ppoint:					7
Prac	Practitioners associated with the Customer Number:					
OR		<u>L.,,,,,,,,,,</u>				
	ctitioner(s) named be	low:				
		Name			Registration N	umber
Dor	nna J. Russell				46,252	
	attomey(s) or agent(s : Office connected the	s) to prosecute the application identified erewith.	above,	and to tra	ansact all business ir	the United States Patent and
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number.						
OR				• • • • • • • • • • • • • • • • • • • •		
	The address associate	ed with Customer Number:				
OR						
<u> </u>	Firm or Individual Name	Donna J. Russell				· · · · · · · · · · · · · · · · · · ·
Address Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.						
Address 211 Commerce Street, Suite 1000						
City	City Nashville State TN Zip 37201					
Country USA						
	Telephone 615-726-5681 Fax 615-744-5681					
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Susan Drapeau						
Signature Soar Oraplan						
Date	- May E	5,2004			Telephone	901-344-1327
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
✓ *Tot	*Total of 6 forms are submitted.					

1

PE CS.

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection or into	irmation unless it displays a valid OMB control number	•
Application Number		`
Filing Date	3/23/04	
First Named Inventor	Titus, Louisa	
Title	Intracellular Delivery of Oste	
Art Unit	1632	
Examiner Name		_
Attorney Docket Number	2699732.002149	_

I hereby a	ppoint:				
Practitioners associated with the Customer Number:					
OR					
√ Pra	ctitioner(s) named be	elow:			
		Name	***************************************	Registration	n Number
Do	nna J. Russell			46,2	52
<u> </u>			<u> </u>		
	attorney(s) or agent(Office connected th	(s) to prosecute the application identified erewith.	above, and to t	ransact all busines	s in the United States Patent and
		e correspondence address for the above- ed with the above-mentioned Customer I	• •	cation to:	
	, associat	ed with the above-mentioned Customer i	Number.		
OR	•				
📙 🦪	The address associated with Customer Number:				
OR					
V	Firm or Individual Name	Donna J. Russell			
Address Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.					
	lress	211 Commerce Street, Suite 1000			
City		Nashville	State	TN	Zip 37201
	ephone	USA	Fax	61E 744 E691	
I am the:	spriorie	615-726-5681		615-744-5681	
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name Scott D. Boden					
Signature Lost an Rock					
Date +/a4/04 Telephone 404-118-114 3					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
✓ ∗Tot	*Total of 6 forms are submitted.				